

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7/14/05 2 Serial/Patent # 10523,503

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing		2-4-05	\$ 100.00
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$

7 TOTAL AMOUNT OF REFUND \$ 100.00

8 TO BE REFUNDED BY:

Treasury Check

10 REASON:

Overpayment

Credit Deposit A/C #:

Duplicate Payment

9 19 -- 1090

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: BARBARA CAMPBELL

TITLE: _____

SIGNATURE: Barbara Campbell

PHONE: 703 308-9140

ext 217

OFFICE: PCT/DO/EO

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

Repln. Ref: 07/18/2005 BCAMPBEL 0017052800
DA#191090 Nade/Number:10523508
FC: 9204 \$100.00 CR

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B